Equity-Settled Share-Based Payment Declaration Form

1. PARTICIPANT INFORMATION

Full Name	
Employee/Participant ID	
Department / Office	
Email Address	

2. GRANT & AWARD DETAILS

Grant Date	
Type of Equity Instrument	
Number of Shares / Options Granted	
Exercise / Strike Price (per Share)	
Vesting Period / Schedule	
Expiry Date	

3. DECLARATION & ACKNOWLEDGMENT

I hereby acknowledge receipt of the equity-settled share-based payment award described above, granted to me under the terms and conditions of the Company's Share Incentive Plan. I confirm that I have read, understood, and agreed to abide by all the rules, terms, and restrictions outlined in the Plan Document, the Grant Agreement, and any applicable schedules or tax guides associated with this award.

I understand that the vesting and eventual settlement of this award are subject to my continued service with the Company and/or the achievement of specified performance milestones, as set forth in the Grant Agreement. I further acknowledge that any tax, social security, or other statutory withholdings arising from the grant, vesting, exercise, or sale of these equity instruments remain my sole responsibility, unless otherwise determined by local legislation or Company policy.

_____

PARTICIPANT SIGNATURE

_____

DATE

_____

AUTHORIZED COMPANY REPRESENTATIVE SIGNATURE

_____

DATE